

AMENDMENTS

In the Claims:

Please cancel claims 1-15 without prejudice or disclaimer. Please replace claims 16-29 and 31-44 with the following replacement claims 16-29 and 31-44:

D1 16. (Four Times Amended) A process for the production of a therapeutic agent for treatment of hypoxemia in acute lung injury resulting from indirect causes which occur systemically and thereby injure the lung indirectly, which comprises mixing an anti-IL-8 antibody in an amount effective to treat the hypoxemia with a pharmaceutical acceptable carrier.

17. (Twice Amended) A process according to claim 16, wherein the acute lung injury is acute respiratory distress syndrome.

D2 18. (Twice Amended) A process according to claim 16, wherein the acute lung injury is adult respiratory distress syndrome.

19. (Twice Amended) A process according to claim 16, wherein the indirect cause is sepsis syndrome.

20. (Twice Amended) A process according to claim 16, wherein the indirect cause is severe nonthoracic trauma.

21. (Twice Amended) A process according to claim 16, wherein the indirect cause is hypertransfusion during emergency resuscitation.

22. (Twice Amended) A process according to claim 16, wherein the indirect cause is an artificial cardiopulmonary bypass surgery.

D3 23. (Twice Amended) A process according to claim 16, wherein the anti-IL-8 antibody is a monoclonal antibody.

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24. (Twice Amended) A process according to claim 16, wherein the anti-IL-8 antibody is an antibody against mammalian IL-8.

25. (Twice Amended) A process according to claim 16, wherein the anti-IL-8 antibody is an antibody against human IL-8.

26. (Twice Amended) A process according to claim 16, wherein the anti-IL-8 antibody is the WS-4 antibody.

27. (Twice Amended) A process according to claim 16, wherein the anti-IL-8 antibody has the constant region of human antibody.

28. (Twice Amended) A process according to claim 16, wherein the anti-IL-8 antibody is a humanized or chimeric antibody.

29. (Twice Amended) A process according to claim 16, wherein the anti-IL-8 antibody is a humanized WS-4 antibody.

31. (Thrice Amended) A therapeutic method for treatment of hypoxemia in acute lung injury resulting from indirect causes which occur systemically and thereby injure the lung indirectly, which method comprises administering a composition comprising an anti-IL-8 antibody to a subject in need thereof.

32. (Amended) The method according to claim 31, wherein the acute lung injury is acute respiratory distress syndrome.

33. (Amended) The method according to claim 31, wherein the acute lung injury is adult respiratory distress syndrome.

34. (Twice Amended) The method according to claim 31, wherein the indirect cause is sepsis syndrome.

35. (Twice Amended) The method according to claim 31, wherein the indirect cause is severe nonthoracic trauma.

36. (Twice Amended) The method according to claim 31, wherein the indirect cause is hypertransfusion during emergency resuscitation.

37. (Twice Amended) The method according to claim 31, wherein the indirect cause is an artificial cardiopulmonary bypass surgery.

38. (Twice Amended) The method according to claim 31, wherein the anti-IL-8 antibody is a monoclonal antibody.

39. (Amended) The method according to claim 31, wherein the anti-IL-8 antibody is an antibody against mammalian IL-8.

40. (Amended) The method according to claim 31, wherein the anti-IL-8 antibody is an antibody against human IL-8.

41. (Twice Amended) The method according to claim 31, wherein the anti-IL-8 antibody is the WS-4 antibody.

42. (Twice Amended) The method according to claim 31, wherein the anti-IL-8 antibody has the constant region of human antibody.

43. (Twice Amended) The method according to claim 31, wherein the anti-IL-8 antibody is a humanized or chimeric antibody.

44. (Twice Amended) The method according to claim 31, wherein the anti-IL-8 antibody is a humanized WS-4 antibody.